

## New Haven Ryan White Part A HIV Chart Review: Medical Case Management

1	PROGRAM SITE:		CHART #s:	
2	REVIEWER(S):		REVIEW DATE:	

CHARTING & MONITORING		1	2	3	4	5	6	7	8	9	10
3	<b>Recordkeeping Requirements</b> Chart is properly stored & locked; chart is clearly organized; entries legible										
4	<b>Eligibility &amp; Enrollment Status (annual update)</b> Financial eligibility: below 300% Federal Poverty Level										
	<b>Documentation of services not covered by other insurers</b> HIV antibody test record, confirmatory lab data, or letter of diagnosis										
5	<b>Client Consent, Rights and Responsibilities</b> Documentation signed & dated by client										
6	<b>Confidentiality Agreements</b> Present, current, & signed by client										
7	<b>Grievancy Policy &amp; Procedures / Bill of Rights</b> Present and signed by client										
8	<b>HIPPA</b> Present and signed by client										
9	<b>Medical Record Release Forms</b> Release forms (as necessary) present, current, & signed by client. <i>Updated yearly.</i>										
10	<b>Referrals to MCM</b> Referred clients contacted within 2 days/clients met within 10 days										

INITIAL EVALUATION		1	2	3	4	5	6	7	8	9	10
11	<b>Client Demographics</b> Age, ethnicity, appropriate gender, risk exposure clearly and properly indicated										
12	<b>Initial Assessment</b> Includes needs, client strengths and deficits, signed/dated by client & MCM										
13	BASELINE: ASSESSMENT & CARE PLAN	<b>Name of Primary Care Provider?</b>									
14		<b>Last/Next Appointment?</b>									
14		<b>Pharmacy</b>									
15		<b>CD4: lowest CD4 count identified (if available)</b>									
16		<b>Viral Load: lowest VL indicated in chart (if available)</b>									
17		<b>Co-morbidities/Other medical conditions/OI History</b>									
18		<b>Support Systems including religious affiliations</b>									
19		<b>Biopsychosocial Support Needs</b>									
20		<b>Barriers to Acces &amp; Retention in Care</b>									
21		<b>Functional HIV Knowledge/Health Literacy</b>									
22		<b>Need for Referrals to Core Medical/Support Services</b>									
23		<b>Correctional History</b>									
24		<b>Legal Issues</b>									
25		<b>Follow-up after Hospital Discharge</b>									
26		<b>Follow-up after Emergency Care</b>									
27		<b>Risk Reduction Counseling</b>									
28	<b>Oral Health Care Visits</b>										
29	<b>HIV Medication Adherence</b>										
30	<b>Mental Health</b>										
31	<b>Substance Abuse</b>										
32	<b>Nutritional Health</b>										

33	Primary Care Maintenance: Cancer Screen										
34	Smoking										
35	Hepatitis A/B/C screen										
36	Hepatitis A/B vaccination										
37	ARV resistance testing ordered										
38	PCP prophylaxis prescribed										
39	MAC prophylaxis prescribed										
40	Acuity Level Acuity Level is assessed and documented										
<b>CARE PLAN</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
41	Care Plan Ongoing care plan that assesses medical & psychosocial needs										
	Includes input from healthcare team Signed by client and MCM	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
42	Prioritization of Client Needs Client needs are prioritized with most important services made available asap9										
43	Client Progress Client's progress is monitored to meeting established goals of care										
44	Referrals Referrals coordinated & linkages/outcomes tracked										
<b>PROGRESS NOTES</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
45	Frequency Completed on a client no less than every 2-3 months										
46	Meeting Goals Records the progress on meeting the goals addressed in the Care Plan										
47	Signature MCMs' legal name, title, credentials & date within 5 days of interaction										
48	Contact Efforts Efforts to contact the client as needed are documented										
49	Blank Spaces No blank spaces are in progress note										
<b>REASSESSMENT</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
50	Re-assessment Completed and signed/dated by client & MCM										
51	Frequency Core Services needs are reassessed every 4-6mos; support services every 6 mos										
52	Acuity Scale Acuity scale reassessed twice a year or with any significant change in acuity										

Y = Yes N = No NC=Non-Compliant (cannot be determined from information in chart; or due to client transfer or non-compliance) NA=Not Applicable (to patient or program/facility)

- Agency has client record system that collects/maintains client information that conforms with requirements  Yes  No
- Actively participates in team meetings/case conferences (for clients) as evidenced by updated info in client chart  Yes  No
- Contents of the client record are protected and locked with record retention expectation of seven years  Yes  No
- Participate in training as mandated by Parts A for new MCMs and annually:
- HIPAA
  - Managing HIV Disease
  - Core Medical Services
  - Client Assessments (including risk categories)
  - Enrollment & Eligibility
  - Cultural Competency (gender, language, sexual orientation, etc.)
  - Other (e.g., mental health, substance abuse, entitlements and legal issues, housing)

PROGRAM SITE:		REVIEW DATE:	
---------------	--	--------------	--